Camelford

Rural District Council

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MEDICAL OFFICER OF HEALTH'S

ANNUAL REPORT

1952.

Launceston Printing Co., Ltd., Launceston.

SUMMARY OF VITAL STATISTICS

Area (in acres)	52,544
Population	7,366
No. of separate Dwellings occupied	2,515
Rateable Value, 1952	£45,370
Product of 1d. rate	£172 9s. 0d.

Live Births	**Total**	**Male**	**Female**	
Legitimate ..	91	42	49	Rate per 1000 estimated
Illegitimate ..	3	2	1	Population—12.76
Stillbirths ..	1	1	—	—.13
Deaths (all causes)	93	45	48	12.62

Deaths from: Puerperal Causes
Puerperal and post abortive Sepsis — NIL
Other Puerperal Causes

	Rate
Infant Mortality (Deaths under 1 year per 1000 live births)	21.27

	Male	**Female**	**Total**
Deaths from Cancer (all ages)	4	7	11
Measles (all ages)	NIL		
Whooping Cough (all ages)	NIL		
Diarrhoea (under 2 years)	NIL		

CAMELFORD RURAL DISTRICT COUNCIL

Members of the Public Health Committee, 1952

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Public Health Officers of the Local Authority

MEDICAL OFFICER OF HEALTH : W. H. P. MINTO, M.B., Ch.B., D.P.H.
(Appointed 23.4.52)
also holds appointments of
Medical Officer of Health: Launceston Borough Council
Launceston Rural District Council
Bude/Stratton Urban District Council
Stratton Rural District Council.
Assistant County Medical Officer: Area 6, Cornwall County Council.
Assistant School Medical Officer: Cornwall County Council.

SANITARY INSPECTOR : Arthur R. HANSFORD, M.I.Mun.E.

To The Chairman and Members of the Public Health and Housing Committee of Camelford Rural District Council

Madam Chairman and Members:

I have the honour to present the Annual Report of the Medical Officer of Health on the health and sanitary circumstances of the Rural District for the year 1952.

The Health of the people in the District, as far as can be judged by vital statistics, has remained satisfactory. It is important that too much weight should not be attached to small variations in these rates from one year to the other, particularly where relatively small populations are involved—attention should rather be paid to the trend of these rates over a period of years. This year I have included Tables showing the trends since 1948, the first year for which accurate records are available. In this connection it may be pointed out that the value of an Annual Report of this type is largely as "history".

Very few Infectious Diseases were notified during the year and there were again no cases of Smallpox Diphtheria or Poliomyelitis.

As regards the Sanitary circumstances, progress was maintained and details are given in the report, Section "C". In a Rural District it is of paramount importance to health that every possible house should be supplied with a pure water supply, adequate means of disposal of sewage and that every house should be fit for human habitation. This need is underlined by the present drift away from agriculture and the more remote houses and villages into the town. The Council is alive to this need and has already provided the larger parishes, that is those which are most densely populated, with mains water and modern sewage schemes.

Slum clearance and rehousing still lag behind as they are to some extent bound to, but as is explained in detail in Section "D" it is hoped that the Council will start to take action on this urgent matter and that concurrently steps will be taken to secure the improvement of property which can be made fit.

Since taking up this appointment in April 1952 I have been impressed by the close integration of District Council and the local Health Authority work in this area which is made possible by the type of appointment where one individual is responsible for the administration of all the preventive Services in the Area.

I should like to take this opportunity of expressing my gratitude for the co-operation I have received from the General Medical Practitioners in the District. I wish to thank Mr. Hansford the Sanitary Inspector for the invaluable assistance he has given me in the preparation of this Report. Mr. Hansford has supplied me with the statistics for housing, etc., but I take personal responsibility for any opinions expressed.

In conclusion I would like to express my appreciation of the help and encouragement I have received from the Council and Members of the Public Health Committee during the year.

I have the honour to be,

Your obedient Servant,
W. H. P. MINTO,
Medical Officer of Health

September, 1953.

SECTION A

Natural and Social Conditions

Area (in acres) 52,544. Camelford Rural District is the country from Delabole Point in Port Isaac Bay to Strangles Beach, north of Boscastle, inland to St. Clether and south to St. Breward and consists for the most part of three plateaux 400ft., 700ft. and 1,100 ft. above sea level.

The geology of the District is very complex, due to much faulting and overthrusting. The rocks in the area west of the River Camel are Upper Devonian and it is in these beds that famous Delabole Slate has been quarried for several centuries. Along the northern boundary running east to west is Davidstow anticline, the northern flank of which disappears under the culm measures near Boscastle.

The beds in the anti-cline can be seen in the Tintagel cliff sections, black shales, slates and volcanics are well exposed. East of the River Camel is the granite mass of Bodmin Moor and at St. Breward a fine silver grey granite of the highest quality is quarried.

Population—The Registrar General has estimated the population for the mid-year 1952 to be 7,366, an increase of 19 in the population for the previous year. The "natural increase" in the population is the excess of births over deaths. In 1952 this figure was 1.

Deaths—The total number of deaths assigned to the District for the year was 93 compared with 115 in 1951. The crude death rate based on the mid-year population was 12.62 compared with 15.65 in the previous year.

The following table has been compiled for comparison with previous years:

Years	Total	Male	Female	Recorded Rate
1948	94	46	48	12.60
1949	87	46	41	11.59
1950	112	51	61	15.10
1951	115	58	57	15.65
1952	93	45	48	12.62

In order to compare the mortality in the District with the mortality for England and Wales, it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District, an "Area Comparability Factor" which has been estimated by the Registrar General as 0.8 for the District.

The Standardised Death Rate, therefore is 10.09 which may be compared with that of 11.3 for England and Wales.

Births—The number of live births assigned to this District was 94 compared with 97 in 1951. The rate per thousand of the population was 12.76. When the Registrar General's Area Comparability Factor for births (1.11) is applied to this figure, the Standardised Birth Rate of 14.16 for this District compares with 15.3 for England and Wales.

Stillbirths—The number of stillbirths during 1952 was 1.

Illegitimate Births—There were 3 illegitimate births assigned to the District during the year, 2 males, 1 female, compared with 7 in 1951. Shown as a proportion of the total number of live births this represents 3.2 per cent.

Maternal Mortality—No cases of death during pregnancy has been recorded.
Infant Mortality—The number of infants who died before reaching their first birthday was 2. The infant mortality rate of 21.27 compares with 27.6 for England and Wales.

Causes of Death of Children under One Year

Cause	Age in Weeks —1	—2	—3	—4	5—52	Total
Meningococcal } Hydrocephalus }	1					1
Congenital heart disease	1					1
						2

MORTALITY TABLE

Classified in accordance with 36 headings based on the Abbreviated List of the International Statistical Classifications of Diseases, Injuries and Causes of Death 1948.

	Cause of Death	Male	Female	Total
1.	Tuberculosis, respiratory	–	–	–
2.	Tuberculosis, other	–	–	–
3.	Syphilitic disease	1	–	1
4.	Diphtheria	–	–	–
5.	Whooping Cough	–	–	–
6.	Meningococcal infections	–	–	–
7.	Acute Poliomyelitis	–	–	–
8.	Measles	–	–	–
9.	Other infective and parasitic diseases	–	–	–
10.	Malignant neoplasm, stomach	2	1	3
11.	Malignant neoplasm, lungs, bronchus	–	–	–
12.	Malignant neoplasm, breast	–	1	1
13.	Malignant neoplasm, uterus	–	–	–
14.	Other malignant and lymphatic neoplasms	2	5	7
15.	Leukaemia, aleukaemia	–	–	–
16.	Diabetes	1	–	1
17.	Vascular lesions of nervous system	3	7	10
18.	Coronary disease, angina	8	5	13
19.	Hypertension with heart disease	1	2	3
20.	Other heart disease	13	19	32
21.	Other circulatory disease	3	–	3
22.	Influenza	–	–	–
23.	Pneumonia	–	–	–
24.	Bronchitis	1	1	2
25.	Other diseases of respiratory system	–	–	–
26.	Ulcer of stomach and duodenum	–	–	–
27.	Gastritis, enteritis and diarrhoea	–	–	–
28.	Nephritis and nephrosis	–	–	–
29.	Hyperplasia of prostate	–	–	–
30.	Pregnancy, childbirth, abortion	–	–	–
31.	Congenital malformations	–	2	2
32.	Other defined and ill-defined diseases	8	4	12
33.	Motor vehicle accidents	1	–	1
34.	All other accidents	–	1	1
35.	Suicide	1	–	1
36.	Homicide and operations of war	–	–	–
		45	48	93

SECTION B

General Provision of Health Services in Camelford Rural District

General Medical Services

General Practitioners—The bulk of the population is provided with general medical services under Part 4 of the National Health Service Act, 1946 by the General Practitioners resident in the District:

Dr. G. B. Miller, "Penlea", Camelford.
Dr. J. R. Holden, Rock House, Delabole.
Dr. T. L. Hillier, "Tolcarne", Boscastle.
Dr. Balbirnie, Dinas Lodge, Tintagel.

Midwifery and Home Nursing—Midwifery Services in the district are provided by (i) the family doctor—ante and post-natal care and home confinements. (ii) the County Council—district midwives. (iii) the Regional Hospital Board—hospitals for delivery and treatment.

The County Council provides nurse midwives who attend general nursing and midwifery cases in the home.

The Regional Hospital Board provides staff for an Ante-natal clinic held at the Castle Green, Launceston for mothers who may be admitted to hospital on medical grounds for their confinement.

In 1952 Old Tree Maternity Home was opened and it is available for those mothers whose homes are considered unsuitable for domiciliary confinement. Trebarras Nursing Home, Liskeard is also still available for this purpose.

Health Visiting—The County Council continues to provide a Health Visiting Service. The nurse midwives are responsible for health visiting in the district and are specially trained in the care of the mother and young child. They are available to give advice on health matters in the home or at the clinic and also act as school nurses.

Home Help Service—The Home Help Service is provided by the County Council and the Home Help Organiser, Mrs. Davey, is to be complimented on a valuable and efficient service.

Ambulance Service—The County Council is responsible for the Ambulance Service, day-to-day administration of which is carried out from the Health Area Office. A whole-time paid Service is provided during week days and this is supplemented by part-time personnel of the voluntary Organisations at night time and during weekends.

Hospital Car Service—"Utilecon" sitting case ambulances are used for conveying the majority of sitting cases and when it is appropriate some such cases are carried by Hospital Car Service.

School Health—The County Council provides an extensive School Health Service. Your Medical Officer of Health in his capacity of Assistant School Medical Officer carries out routine and special examinations of the children and schools and immunisation.

Infant Welfare Centre—Monthly Infant Welfare Clinics are held at Camelford, Delabole, St. Teath and St. Breward. Your Medical Officer of Health is in attendance in his capacity as Assistant County Medical Officer.

Dental Clinic—In June 1952 a School Dentist was appointed to be based on Launceston and he works at the County Council Dental Clinic in the Castle Green, Launceston. He also holds clinics at Camelford Woman's Institute on the first and third Wednesdays in each month, and at the Delabole Liberal Club on the second and fourth Thursdays in each month. This should, in time, overcome the results of the lack of a Dental Service for school children which was mentioned in my Report for 1951.

Speech Therapy Clinic—In the past, a Speech Therapy Clinic for school and pre-school children, has been provided by the Cornwall County Council at the Health Area Office, Launceston but during the year under review, no sessions have been held because of difficulty in securing the appointment of a Speech Therapist. It is hoped that in the near future an appointment will be made, and thus this valuable work will be resumed.

Ophthalmic Clinic—The Regional Hospital Board Eye Specialist holds an Eye Clinic for school children and children under school age at The Castle Green, Launceston and Women's Institute, Camelford. This Clinic is arranged as and when a suitable number of children become available.

Orthopaedic Clinic—Also provided by the Regional Hospital Board at Camelford is an Orthopaedic Clinic held weekly.

Out-Patients' Clinics—The Regional Hospital Board also provides Out-Patients' Clinics at the Launceston Hospital for Medical, Surgical, Gynaecological, Skin, Ear, Nose and Throat, and Tuberculosis patients. A physiotherapy Clinic is available at the Tavistock and Holsworthy Hospitals. A psychiatric Clinic is held at the South Devon and East Cornwall Hospital, as is also a Venereal Diseases Clinic. Out-Patients are also treated at the Royal Cornwall Infirmary and the East Cornwall Hospital, Bodmin.

Chronic Sick—Accommodation is available for Chronic sick cases at St. Mary's Hospital, Launceston and limited Part III accommodation is also provided there for those cases who come under the care of the Welfare Authority (Cornwall County Council).

Hospitals—The District is served by East Cornwall Hospital, Bodmin and Royal Cornwall Infirmary. Patients are admitted also to the following hospitals in Plymouth—Prince of Wales, Mount Gold, South Devon and East Cornwall, Royal Albert (Devonport), Alexandra Maternity Home and the Royal Eye Infirmary. The Scott Isolation Hospital, Plymouth, and Isolation Hospital, Truro, admit cases of Infectious Diseases from the District. Cases of Tuberculosis requiring sanatorium treatment are, as a rule, admitted to Didworthy or Tehidy Sanatoriums.

Mental Health—Patients from the District who require hospital care and/or treatment for mental illnesses are admitted either to St. Lawrences Hospital, Bodmin, Lanwel House, Bodmin or Moorfields Hospital, Ivybridge.

Aftercare is a function of the County Council.

Laboratory facilities—The Public Health Laboratory, Dix's Field, Exeter is the easiest of access from this District and it renders valuable service towards the detection and prevention of spread of diseases in the District.

SECTION C

Sanitary Circumstances of the District

Water Supplies

There is a main piped water supply in the parishes of Camelford, Boscastle, Tintagel, St. Teath, Delabole, and St. Breward. Water to Tintagel, St. Teath and Delabole is supplied by the North Cornwall Joint Water Board and the lower part of St. Breward receives its water from the Bodmin Water Company. The remaining parishes mentioned are supplied by the council's mains.

Camelford catchment area is subject to at least animal pollution and the Council considers that modern filter and treatment plant is desirable. Plans have been considered and presented to the Ministry of Local Government and Housing.

Boscastle is a popular summer holiday resort and more water is required in this parish. The existing scheme was extended during the year to increase the supply by approximately 7,000 galls. per day and a further scheme is under consideration which will utilise springs in the Polrunny area.

During the year the Council sank a bore hole in the Otterham district with the intention of supplying most of that parish and the school. The progress of this scheme is, at the time of writing this report, still under discussion with the Ministry of Local Government and Housing.

I must again stress the need for provision of a piped water supply for the south and north-eastern parts of the District. The parishes of Otterham and Davidstow and the hamlets of Tremail and Trewassa are in particularly urgent need of a potable water supply.

Number of samples taken for analyses:

Council's mains	18
Satisfactory	18
Private supplies	10
Satisfactory	7
Unsatisfactory	3
Total No. of samples taken ..	28
Total No. satisfactory	25
Total No. unsatisfactory	3

Sewerage and Sewage Disposal

The Council has sewerage schemes in the parishes of Camelford, Tintagel, Bossiney, Boscastle, Delabole and St. Teath. The Camelford sewage works is out of date and constantly provides a most unsatisfactory effluent. Plans to modernise this sewage works have been considered by the Council and the appropriate Ministry as also have sewage disposal schemes at Treknow and St. Breward.

The sewage works at Delabole and St. Teath are of recent construction, but it is unfortunate that as a result of some constructural deficiency, the effluent from both these works is persistently unsatisfactory. The Council is taking steps to remedy this matter and I must stress that a further problem in both these parishes is to secure the connection of all properties to the sewers. A certain amount has been done by informal action but it is imperative that as a modern sewage system becomes available, pressure of a statutory nature, if necessary should be put on property owners to conneet.

Prevention of Damage by Pests Act, 1949

The Council operates joint schemes with the Wadebridge and Padstow Councils.

Public Cleansing—A comprehensive scheme is now in operation for practically the whole of the District. Collection of household refuse is carried out by direct labour throughout the District.

National Assistance Act, 1948

No certificate under Section 47 of this Act was submitted to the Council by the Medical Officer of Health. The Medical Officer of Health was authorised by the Council to take immediate action to obtain removal orders under Section 47 of the National Assistance Act, 1948, as amended by the National Assistance (Amendment) Act, 1951.

The type of case involved in such action comprises persons suffering from grave chronic diseases or, being aged, infirm or physically incapacitated, are living in insanitary conditions and unable to devote themselves or obtain proper care and attention.

As a result of the decision of the Council it should be possible in future to expedite the removal of any such case to a place of safety.

SECTION D

Housing

In 1947 a survey of all working class houses in the District was completed under the terms of the Hobhouse Report. In that survey a total of 1,769 houses were inspected. 129 houses were placed in Category 5 (houses which were unfit for human habitation and beyond repair at reasonable cost) and 729 houses in Categories 3 and 4 (houses requiring repair, structural alteration or improvement). A great majority of these houses are still occupied, and, although in some cases works have been carried out, other properties must have slipped into the lowest category.

The Council has been building at a fairly steady rate, but a number of the earlier contracts are not yet completed and it has been decided to have a year's "breathing space" so that these early contracts can be finished off and the Council's financial situation clarified. This "breathing space" might well be used to advantage for a resurvey of property in the District so that the unfit houses may be dealt with under a planned programme in each separate parish.

Slum Clearance is in no way helped by the attitude of the County Council with regard to temporary accommodation for evicted families. The County Council has decided that it will no longer provide temporary accommodation for tenants who are evicted from Council houses. This increases the reluctance of a District Council to rehouse undesirable tenants as it is felt that it now becomes virtually impossible to evict or indeed to control them. It seems too that there is a danger that these restrictions will be extended to apply to those people who are evicted from their homes as a result of a Statutory action by the Council, and while these suggestions should be resisted to the utmost, I must point out that in the past many District Councils have not been very co-operative in providing permanent housing accommodation for those unfortunate individuals who have had to be provided with temporary accommodation by the County Council.

The answer lies I feel sure as it so often does in these matters, in either co-operation between the authorities or else in co-ordination of their separate functions in one or other authority if co-operation cannot be obtained.

The County Council cannot be expected to provide permanent accommodation for families as that is the undoubted function of the district council. On the other hand it is as impossible and undesirable for the district council to keep houses empty for possible use for temporary accommodation as it is for it to allow those of its tenants who wish to do so to live rent free or to break the Council's rules (e.g. cause statutory overcrowding by taking lodgers). Eviction must remain as a threat and it must not be an empty one. I believe that there is a case for the erection of permanent or temporary new houses and the conversion of old ones, where the shell is sound, to give dwellings of a type which provides only the barest essentials for a healthy life and can, therefore, be let at a low but economic rent to these and other "problem" families. Such dwellings must be "houses fit for human habitation" but there need be no added frills.

When these subjects are discussed, it is almost invariably stated that the root of the trouble is rent restriction and that the Housing Acts are "unworkable". While one must agree that rent restriction, necessary though it has been in these post-war years, has caused a large number of houses to become unfit for habitation, some of them to such a degree as to be unable to be repaired at reasonable cost: it is undeniable that the Housing Acts are still law and they can be "worked" and a general reluctance to take statutory action is an important factor in the decline of property before, during and since World War II.

The district council is the housing authority and it is still the duty of that authority to see that the houses in the district are made fit for human habitation and to house those families who for one reason or another cannot find other accommodation for themselves. This means that the new tenant of the future is likely to be, speaking very generally, on the whole less desirable from the Council's point of view than many of those housed in the post-war period. He is likely to show more eccentricities of conduct and to be less ready or able to pay the rent and here it does seem that any steps to make it permissable for the rent to be payed directly, where applicable, by the National Assistance Board or by the employer to the Council, would be most advantageous to all concerned.

Housing Statistics

1. Inspections of Dwelling Houses during the year.
   - (*a*) No. of dwelling houses inspected for defects under Public Health or Housing Acts .. 30
   - (*b*) Inspections made for the purpose 35
2. (*a*) No. of dwelling houses inspected and recorded under Housing Consolidated Regs. 1925/32 .. .. NIL
   - (*b*) Inspections made for the purpose .. .. NIL
3. No. of dwelling houses found to be in a state dangerous or injurious to health as to be unfit for human habitation 2
4. Dwelling houses (exclusive of those under preceding sub-heading) not in all respects reasonably fit for habitation 6
5. Remedy of Defects during the year without the service of Formal Notice:—
   - (*a*) No. of houses rendered fit in consequence of action by Local Authority or Officers .. NIL
   - (*b*) Housing Act .. .. NIL
   - (*c*) Public Health Act .. .. NIL
6. Action under Statutory Powers during the year:
   - (*a*) Proceedings under Sections 9, 10 and 16 Housing Act, 1936:
     - (i) Dwelling houses in respect of which notices were served requiring repairs .. .. NIL
     - (ii) Dwelling houses rendered fit after service of formal notice .. .. NIL
       - By owners .. .. NIL
       - By Local Authority in default of owners .. .. NIL
   - (*b*) Proceedings under Public Health Acts:
     - (i) Dwelling houses in respect of which notices were served requiring defects to be remedied .. .. NIL
     - (ii) Dwelling houses in which defects were remedied after service of formal notices .. NIL
       - By Owners .. .. NIL
       - By Local Authority in default of Owners .. .. NIL
7. (*a*) Proceedings under Sec. 11 and 13 of the Housing Act. 1936:
   - (i) Dwelling houses represented under Sec. 11 .. .. NIL
   - (ii) Dwelling houses in respect of demolition order.. .. .. NIL
   - (iii) Dwelling houses demolished .. .. NIL
   - (iv) Dwelling houses rendered fit by owner .. .. NIL
   - (v) Dwelling houses where undertakings not to relet at end of present tenancy were accepted from the owner .. .. NIL

(*b*) Proceedings under Sec. 12 of the Housing Act. 1936:

(i) Separate tenements or underground rooms in respect of which Closing Orders were made .. .. NIL

(ii) No. of separate tenements or underground rooms in respect of which Closing Orders were determined .. .. NIL

(*c*) Proceedings under Sections 25 and 26 of Housing Acts, 1936:

(i) No. of houses dealt with under Section 25 .. .. NIL

(ii) No. of Clearance Orders made under Section 26 .. .. NIL

(iii) No. of families living in Clearance Areas .. .. NIL

SECTION E

Inspection and Supervision of Food

Milk—As a result of the transfer in 1949 of the control of milk production on the farm to the Ministry of Agriculture and Fisheries and the placing of the licensing and supervision of pasteurising plants in the hands of the County Council, the District Council retains only the duty of controlling the distribution and sale of milk.

Ice Cream—8 samples were taken during the year and all were satisfactory and classed Grade I.

Food Premises—Food premises were inspected at frequent intervals throughout the year.

Food and Drugs Act, 1938—Section 15

After consideration of the Model Bye laws issued by the Ministry of Food, the Council decided to make such Bye laws as to the Handling, Wrapping and Delivery of Food and Sale of Food in the Open Air.

Condemnation of Unsound Food

A quantity of food was condemned during the year but the amount is very small in comparison with that of last year.

Date Condemned	Quantity and Description	Reason why Unfit
22 . 7 . 52	112 lbs. red cherries, 15 oz. tins	Tins Blown
22 . 7 . 52	25/14½ oz. tins Carnation milk	,,
24 . 7 . 52	1 tin/8lb. 14 oz. cooked ham	,,
15 . 8 . 52	1/17 lb. 15 oz. tin cooked ham	Decomposed
19 . 8 . 52	7/4 lb. tins Yvora Pork	Tins Blown
14 . 9 . 52	1/1 lb. 14 oz. tin Orange slices	,,
14 . 9 . 52	1/14 oz. tin cherries	,,
12 . 9 . 52	4/15 oz. tins red cherries	

Meat Inspection—There are no private or licensed slaughter houses in the District. Home killed meat for the District is supplied from the Public Abattoir at Launceston and all meat, before despatch, is inspected at the Abattoir. This District is paying part expenses in conjunction with the Launceston Authority for inspection. The butchers' shops in the District are, on the whole, satisfactory. With the exception of Meat Inspection, all other food inspection is done by the Council's Sanitary Inspector.

SECTION F

Prevalence of, and Control over Infectious and other Diseases

Smallpox—No case was reported during the year under review. It must however be remembered that an increasing number of persons who are incubating Smallpox arrive in this country, and with the modern rapid means of travel available, this danger is likely to increase. The danger to an unvaccinated or part-vaccinated person is a very real and alarming one and the vaccination figures for the District for 1952 (set out below) give no cause for complacency:

Vaccinated.. .. 48
Re-vaccinated .. 8

Maximum publicity must be given to the advisability of parents having their babies vaccinated at about the age of 4 months, when primary vaccination carries the least risk of complications.

Diphtheria—No cases were recorded during the year. The number of children Immunised during 1952 was:

Primary Immunisation ..	81
Boosters	491

Immunisation is carried out at the Infant Welfare Centre, which is held in the Womens' Institute, and also when required at School Medical Inspections. Application for immunisation can be made to the Cornwall County Nurses or arrangements can be made with General Practitioners under the National Health Service Act, 1946. It should be pointed out that although as a result of Immunisation, very few cases of Diphtheria now occur, the disease itself is by no means a thing of the past. Carriers of the disease are frequently found and when they pass their infection on to unprotected children, it usually takes a very severe form. Every effort must be made to persuade the parents of all children, especially babies, to have them protected by Immunisation as it is the level of immunity in the population as well which keeps the disease at bay.

Measles and Whooping Cough—Here again it is the level of immunity in the population that matters and the table below shows the notifications of Measles and Whooping Cough during the past 5 years:

	Measles	Whooping Cough
1948 ..	359	99
1949 ..	19	103
1950 ..	3	13
1951 ..	27	2
1952 ..	8	45

An efficient Whooping Cough vaccine is now available and can be administered in combination with Diphtheria Prophylactic. It is very well worth while to have babies protected from Whooping Cough, a disease which, while it seldom kills, frequently leaves chronic chest conditions which persist through life. This protection is accorded under the same arrangements as those described above for Diphtheria.

Acute Poliomyelitis—No cases were notified during 1952.

Food Poisoning—One outbreak was reported during the year, five cases being notified. A casual organism was not isolated but there was strong evidence that the food involved was clotted cream and that the outbreak was due to staphylococcal toxin. All the patients recovered.

Tuberculosis

	Males		Females	
	Pul.	Non. Pul.	Pul.	Non. Pul.
Cases on Register, 31 . 12 . 51	18	5	8	1
No. of cases notified during 1952	2	2	3	1
Cases Restores	–	–	–	–
Inward Transfers	–	–	–	–
less Cases removed	3	3	3	1
	17	4	8	1

No action was found to be necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with persons suffering from pulmonary tuberculosis employed in the milk trade, or under Section 172 of the Public Health Act, 1936, which deals with the compulsory removal to hospital of persons suffering from tuberculosis.

The Regional Hospital Board is responsible for treatment of Tuberculosis patients and the County Council for the prevention of spread of the disease and after-care of the patients.

Out-patients and contacts are seen by the Chest Physician (Dr. Mellor) at the Chest Clinic at Launceston Hospital, and East Cornwall Hospital, Bodmin. The County Council Tuberculosis Health Visitors attend the Clinics, follow up the patients in their homes, trace contacts and sources of infection and thus acting as most valuable and essential "liaison officers" between the curative and preventive services, bridge a most alarming gap.

It may be of interest to note that at the end of 1952 all susceptible contacts of known cases in the District had been offered B.C.G. Vaccination. By the end of 1952, 65 persons had received this protection in Area No. 6.

SECTION G

Factories Act, 1937

Classified List of Registered Factories as at 31st December, 1952

Nature of Employment	Power	Non-Power
1. Tailors	–	1
2. Blacksmiths	–	2
3. Motor Repairs, Garages	11	–
4. Carpentry, Joinery and Sawmills	9	1
5. Monumental Masons	–	1
6. Plumbers	–	2
7. Bakeries	3	–
8. Coach Painter	–	1
9. Granite works	1	–
10. Knitwear	–	1
11. Bootmaker, harness and boot repairs	–	2

TABLE I

TUBERCULOSIS

Age and Sex Distribution of Cases and Deaths—1952

	New Cases				Deaths			
	Pulmonary		Other		Pulmonary		Other	
Age Groups	M.	F.	M.	F.	M.	F.	M.	F.
0—	–	–	–	–	–	–	–	–
1—	–	–	–	–	–	–	–	–
5—	–	–	–	1	–	–	–	–
15—	–	1	–	–	–	–	–	–
20—	–	1	1	–	–	–	–	–
25—	1	–	1	–	–	–	–	–
35—	–	–	–	–	–	–	–	–
45—	1	–	–	–	–	–	–	–
55—	–	1	–	–	–	–	–	–
65 and over	–	–	–	–	–	–	–	–
Age unknown	–	–	–	–	–	–	–	–
	2	3	2	1	–	–	–	–

TABLE II

VITAL STATISTICS

Summary for Previous Years

		Births		Deaths			
				Under 1 yr.		All Ages	
Year	Estimated Population	No.	Crude Rate	No.	Crude Rate	No.	Crude Rate
1948	7,457	94	12.60	3	31.9	94	12.60
1949	7,506	115	14.52	2	17.38	87	11.59
1950	7,415	91	12.27	3	32.96	112	15.10
1951	7,347	97	13.20	2	20.61	115	15.65
1952	7,366	94	12.76	2	21.27	93	12.62

TABLE III

Monthly Incidence of Notifiable Diseases (other than Tuberculosis)

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Whooping Cough ..	–	–	–	–	–	–	–	–	–	23	15	7
Measles	1	–	–	–	2	–	1	–	–	1	2	1
Scarlet Fever	–	–	–	–	–	–	–	–	–	–	–	1
Pneumonia	1	1	–	2	–	–	–	–	–	2	–	1
Erysipelas	–	–	–	–	–	–	–	–	–	–	–	–
Poliomyelitis (paralytic)	–	–	–	–	–	–	–	–	–	–	–	–
Poliomyelitis (non-paralytic)	–	–	–	–	–	–	–	–	–	–	–	–
Dysentery	–	–	–	–	–	–	1	–	1	–	–	–
Pyrexia	–	–	–	–	–	–	–	1	–	–	–	–
Food Poisoning ..	–	–	–	–	–	–	–	5	–	–	–	–
	2	1	–	2	2	–	2	6	1	26	17	10

TABLE IV

Notifications of Infectious Disease in Cornwall County Council—Area 6 for the year 1952

	Whooping Cough	Measles	Scarlet Fever	Pneumonia	Erysipelas	Food Poisoning	Dysentery	Meningococcal Infection	Poliomyelitis (paralytic)	Puerperal Pyrexia	Paratyphoid Fever
	20M 25F	4M 4F	F	1M 6F		2M 3F	1M 1F			F	
Camelford Rural District	45	8	1	7	–	5	2	–	–	1	–
	M	F	M		F			M			
Launceston Rural District	1	1	1	–	1	–	–	1	–	–	–
		M	M	1M 3F							
Launceston Borough ..	–	1	1	4	–	–	–	–	–	–	–
Bude-Stratton Urban District	2M 3F			M		M				F	M
	5	–	–	1	–	1	–	–	–	1	1
	7M 7F	M	M	M					1M 1F		
Stratton Rural District ..	14	1	1	1	–	–	–	–	2	–	–
	65	11	4	13	1	6	2	1	2	2	1